she expelled an in-tack ovum of the duration of eight weeks. This event was attended by considerable hemorrhage from which the patient promptly recovered. This patient is now in excellent health and her children are remarkably free from illness.

This paper would be incomplete should I fail to mention the fact that the second child of this mother at the age of seventeen years, eleven months and one day gave birth to a male child perfect in every particular, the labor being normal.

Some one has said, "The first shall be the last." It remains to be seen whether or not it shall obtain in this case. However, the first child of this mother gave birth to a boy child, October 29, 1915, she then being nineteen years, eight months and three days old.

Some Problems of Gynecological Surgery

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It is not the purpose of this paper to enter into a scientific discussion of gynecological surgery, but rather to call attention to some of the problems met with in its practice. In these days when so many general practitioners are assuming the role of gynecologic surgeons and entering the abdomen of so large a number of their female patients, sometimes to to the benefit of the patient and ofttimes to the detriment of their patients, it seems in order to call attention to some of the things which should be carefully considered in connection with the surgery of the female pelvis.

It is an error to consider nearly all ailments of women the result of some pelvic lesion. It is well to remember that all of the nervous symptoms of women do not have their origin in the organs of the pelvis, that she is oftentimes the victim of other pathological conditions and that operative measures are not a *sine qua non* for all her ailments. That a careful history and physical examination should be made of every case and the real trouble found before any operation is performed goes without saying. And when it is found necessary to operate that all factors entering into a consideration of the future health of the patient should be taken into account. And that the operator should not only be skillful, but he should have a general knowledge of the pre-operative care of his patient as well as a scientific knowledge of the post-operative treatment of the case.

In our modern haste and as a result of the limited means and time our patients can stay in the hospital too many cases are rushed to the operating table and out of the hospital into inexperienced hands. This haste, often of necessity, makes it at times impossible to get anything like a definite history of the case or to study the case for a sufficient time as to be able to determine the best course to pursue.

It is as a rule very difficult to get anything like an intelligent history of our cases. The patient has so often changed physicians, taken patent medicine, used "home advice," until when she finally reaches the hospital, there is nó one who can give an intelligent statement as to the trouble for which she seeks relief. It is too often true that the family doctor will give an indefinite statement in regard to his case. I often meet this sort of statement from the attending physician, "she has for some time been suffering with some uterine trouble and I have been giving her local treatments, but I have never been able to clearly make out the true nature of her condition." This statement always suggests to my mind the need of a close co-operation between the general practitioner and the gynecologist. So that when the general practitioner is not quite sure of his ground he may feel free to call the gynecologist in to his assistance. It should be made known to the family that the gynecologist is called in because of his special knowledge and experience and not because the family physician is not capable in his general knowledge of medicine.

With such co-operation better results would be obtained by the surgeon, because he and the family physician could then work together for the good of the patient.

We are often confronted with such problems as these: The patient complains with pelvic pains, has elevation of temperature, increased

pulse and respiration, the doctor is called, he gives morphia for the pains, applies heat or that most accursed enemy of the genecologist—antiphlogistine. The patient receives relief of symptoms while the pathological condition is made worse.

As the result of faulty treatment in labor cases and the often neglected cases of abortion and too often and unscientific use of that valuable and yet very dangerous instrument—the curette, the gynecologist has his hands full of difficulties which require very careful thought and study to deal with. While these conditions are frequent and often lead to serious female suffering and sometimes death, perhaps the most often met with pathological condition of the female pelvic organs are due to infection by the bacillus of Neisser. Gonorrheal infection is found among all classes of cases regardless of social position and by some writers it is said to be responsible for 80% of the pathological conditions of the female pelvis. The physician is often confronted with the question of sterility, of cure and of future attacks. Too many times he is apt to promise more than the gynecologist can make good. So often a patient is informed by the family doctor that if a certain operation is done the patient will be cured or that she will conceive. Such promises should not be made unless the physician is sure of the ground on which he bases such hopeful prognosis. When such promises are made by the family doctor before the case has been seen and examined by the gynecologist the latter is placed in an embarrassing position when the prognosis thus made is not realized.

Medical gynecology has its field of usefulness but its scope is very limited. In functional diseases of the uterus and adnexa; congestion, inflammations, and minor malpositions, much may be accomplished by internal and local medical and mechanical measures. Tumors of the uterus, cystic ovaries, pyosalpinx, inflammatory adhesions, pelvic abscesses, etc., will not yield to such treatment and require surgical intervention. The habit of attempting to treat such cases at home by other means than surgery is one of the links in the chain of problems with which the gynecologist is confronted.

The dope treatment of gynecological cases is perhaps the more often practiced and for which there is less excuse than all other faulty methods in vogue. Women as a rule suffer more or less with constipation, a condition which greatly interferes with the elimination of toxins from the body. Add to this condition of autointoxication due to constipation an infection of the pelvic organs due to some infective micro-organism and then lock the bowels with morphine and then to complete it apply heat to the abdomen. Then we have an excellent incubator for the development of anything difficult the gynecologist may wish to deal with. After several days treatment of this kind the patient is sent to the hospital to be operated on the next day after entering. What results should one expect? I would especially urge upon every physician that this sort of practice cease. There is more in pelvic diseases than symptoms. The symptoms are the result of some pathological condition. Find it then; treat would be a good way to get results.

I have alluded to faulty obstetric practice as a source of gynecologic conditions. And here I wish to recite one case. There was rushed to the hospital in my city a few months ago a woman, age 36, primipare, she weighed about 200 pounds and had been in labor ten days. She was in the care of two physicians who had been in attendance twenty-four hours before she entered the hospital. On examination the cervix and lower segment of the uterus was fearfully lacerated, and the cord torn from the umbilicus of the fetus and hanging between the legs of the mother and tied in three knots to prevent hemorrhage. The presentation was a breach but evidently an effort to deliver with forceps had been undertaken with injury of the cervix and uterus as a result. The description here given is sufficient comment without any further details to indicate the very faulty measures employed in a fruitless attempt to deliver this woman.

Repeated packings of the vagina in incomplete abortion and the lack of care in asepsis is often a source of a low grade infection which may incapacitate a patient; leading to endometritis, pyosalpinx or pelvic abscess. In selected cases packing of the vagina under proper antiseptic care gives good results, but the removal of the retained secondines with the finger or blunt rinsing curette is a safeer method.

In cases of gonorrheal endometritis it is advisable to avoid the use of the curette for

obvious reasons. Using the curette in the presence of gonorrhea is one of the resulting conditions that offers a problem to the gynecologist. It is well to resort to the pathologist and the bacteriologist often in gynecological cases. Ofttimes what appears to be a grave condition may be easily handled when the laboratory is called to our assistance. The microscope is invaluable in the proper practice of gynecological surgery and the general practitioner who has made or had made microscopal examinations of the vaginal discharges, the blood, the urine as well as a chemical examination of the urine helps the gynecologist by bringing with his patient the information gained by these examinations.

Of very great importance in the work of the gynecologist is the after treatment of the cases operated on. Too often patients who have been operated on fall into incompetent hands or in the hands of physicians whom I am tempted to say give too much medecine. For every symptom a drug. This seems to be the practice of many. It is to be deplored. It is alright to use drugs where drugs are needed, but the indiscriminate exhibition of drugs in post-operative cases is unfortunate to say the least. If there is a rise in temperature, increase in pulse rate and respiration, or if there are pains in the abdomen, the cause of these conditions should be sought and the proper remedy made. It is well in such cases to call the attention of the operator to these symptoms before going so far with treatment. Thus perhaps the condition may be more speedily remedied and more satisfactory.

It has been my purpose in this paper to call attention to some things in which the co-operation of the family physician and the gynecologist should obtain. And the best interest of the patient may be conserved by such co-operation. Then too, to remind the general practitioner of his duty to refer operative cases to the gynecologist early instead of waiting until the patient's condition has become bad and her vitality lowered. And to remind all of us of the problems or at least some of them with which the gynecologist is confronted in his work for humanity.

To sum up some of these problems of the surgical gynecologist:

1—The lack of case histories.

2—The lack of time to study cases.

3—The failure of physicians to carefully examine their female patients.

4—The time wasted in treating a surgical condition with medicines.

5—The application of heat where there is a threatened suppuration.

6—The giving of morphine in cases where elimination is desired, except for the purpose of relieving very acute pain, then ice bags may give relief.

7—The failure to call in consultation a gynecologist before making definite promises as to relief and cure.

8—The importance of careful scientific after treatment in all cases.

These are some of the problems of surgical gynecology.

Like medical gynecology, surgial gynecology has its limitations and in a given number of cases fails to relieve. But it is very gratifying to note that in the vast majority of cases when properly performed and the proper ante and post-operative measures of treatment are carried out, it is one of the greatest boons the world has ever offered for the relief and cure of the weaker sex of mankind.

Current Advances in Surgery

JAMES F. LAWSON, M. D., Chicago, Ill.

Mr. President and Members of the Chicago Physicians' Club:

The chairman of our program committee, having asked me to read a paper on the current advances in the field of Surgery, I have endeavored to tabulate a number of extracted articles, from the various journals of surgery that I thought would be of interest to the surgeons and those who meet up with surgical cases, in the routine of their everyday practice. I wish to compliment the program committee as well as encourage such a program